

Know Your Benefits

2001

Maricopa County



Employee Benefits Plan Highlights

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The information in this booklet highlights Maricopa County's benefits program.

It is intended to be a guide to help you make important decisions. The benefits described are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

Maricopa County reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Participation in any of the County's benefit plans is not a contract of employment.

If you would like more information or have any questions about your benefits, refer to the County Intranet, the EBC, or email Employee Benefits at BenefitsService@mail.maricopa.gov.

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2001 Maricopa County Benefit Plan Highlights

Maricopa County recognizes your valuable contributions by offering comprehensive benefits to provide protection and assistance to employees dealing with the high costs of healthcare and the risks of lost of income due to death and disability, and to help them fund for a secure retirement.

The County's benefits program provides:

- **Several Medical Plans**
- **Mental Health & Substance Abuse Benefits and Employee Assistance Benefits**
- **Dental Benefits**
- **Life Insurance Benefits**
- **Short and Long Term Disability Benefits**
- **Individual Flexible Spending/Reimbursement Accounts (Mariflex, Healthcare and Dependent/elder care accounts)**
- **Deferred Compensation Plan Benefits**
- **Arizona State Retirement Benefits**

Who's Eligible?

You can participate in Maricopa County's benefits program if you are a regular employee scheduled to work at least 40 hours per pay period.

Employees working under specific contracts may or may not be eligible for certain benefits. Each authority with in conjunction with Human Resources Employee Benefits Division will determine under each contracts if employees covered under said contracts will be benefits eligible. Temporary employees and those who are scheduled to work less than 40 hours per pay period are not eligible to participate in the benefit plans described in this booklet.

Are My Dependent's Covered?

A legally married spouse and eligible children can be covered by the plans. Your unmarried children can be covered if they are under age 19 or a full time student under the age of 25. A student's full time status is determined by the educational institution. Employees must provide a formal transcript from the school to the insurance carrier for children over 19.

Eligible children include natural and adopted children, stepchildren, children who have been placed for adoption, and children for whom you or your spouse is the court-ordered legal guardian.

Children with mental or physical disabilities can be covered past age 19 as long as you or your spouse provides at least half their support and you or your spouse claims them as dependents on your income tax return. The insurance carriers require documentation of their disability. It is the employee's responsibility to provide this directly to the carrier.

When Does Coverage Start?

Benefits will start the first pay period following 14 days after completed forms are submitted. If paper work is not received within 60 days of employment, your medical coverage will be HealthSelect with single coverage for yourself and basic life only (one times your annual salary).

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How Do I Enroll?

New Hires – You should attend the Employee Orientation enrollment meetings to receive benefit plan information. If you are not scheduled to attend this meeting you can go online to obtain information and enrollment forms needed to make your coverage choices.

The Intranet, EBC address is:
<http://ebc.maricopa.gov/benefits/>

The Internet address is:
<http://www.maricopa.gov/benefits/>

You may also contact Employee Benefits via Internet email at BenefitsService@mail.maricopa.gov or through the County email system listed in the Global/Public Address listing at Benefits Service. If you do not have access to a computer, please contact your HR Liaison for assistance in obtaining your enrollment materials.

It's the employee's responsibility to submit his or her benefit elections to the Employee Benefits Office.

Employees have 60 days from their hire date to elect and submit their benefit elections. To prevent a delay in your coverage and preserve your choice of Medical plans, the forms should be turned in as soon as possible.

After the 60 day eligibility period expires, no change in benefits will be allowed until the next open enrollment period, unless you have a qualified family status change as defined under IRC Section Code 125.

Who Pays For Coverage?

Employees who work 30 or more hours per week (75% or more of regular hours for given position) receive the maximum, full time County contributions for the medical benefit plan.

Employees who work 50% to 74% of their position's full time hours receive 65% of the County's full time contributions for the CIGNA medical benefit plan. However, employees who work 50% to 74% of their position's full time hours and join HealthSelect, receive 100% of the County's full time contribution.

Dental coverage and contribution levels are the same as full time employees. Please see the premium rate schedule on page 10 to review your cost share.

Premiums are deducted from your paycheck. YOU are responsible to check your pay stub to see that correct deductions are taken.

When you elect your coverage, you authorize the County to collect the rates published and updated from time to time in this document for each plan you join. If there is a clerical error, the County will correct the administrative error on a no loss, no gain basis between you, and the County. This means all premiums and claims will be adjusted to reflect the correct amounts back to the point when the error occurred whether paid by the employee or the County.

Deductions for the medical, dental and reimbursement spending account (Mariflex) plans reduce your taxable income and therefore save taxes you would otherwise pay. The tax saving in turn reduces the cost of your benefits. This tax advantage is provided under and follows the rules of Section 125 of the Internal Revenue Code.

The County provides that participants who works a minimum 60 hours per pay period can waive County Medical Plan coverage and receive the equivalent of \$60 per month in their biweekly paycheck from the County.

What If I Go On A Leave of Absence?

- The Maximum period of time the County will continue its contribution for employees who are on an approved personal leave of absence is 90 days.
- The Maximum period of time the County will continue its contribution for employees who are on an approved medical leave of absence is 180 days.

You must continue to pay your portion of the insurance premium in order to receive County contributions. Non-payment of premium will result in coverage cancellation effective the last day of the pay period in which premium was paid. If coverage is canceled by you or as a result of non-payment of premium during any leave of absence without pay, your coverage may be reinstated with no waiting period and with no-pre-existing condition limitations upon your return to a benefit eligible active employment status with Maricopa County.

Medical waiver money is suspended for eligible employees during a leave without pay. An eligible employee must return to work and notify Employee Benefits of their return from unpaid leave to receive their waiver funds for the unpaid leave. Once the employee returns to work, payment through payroll will begin again.

When Does Coverage End?

Coverage ends the last day of the payroll period in which premium was paid or the last day of the payroll period in which the employee ceases to be in a benefit eligible position, whichever comes first.

When Can I Make Changes?

Maricopa County's Cafeteria Plan allows a participant to revoke a benefit election during the plan year under the following condition: if the revocation or re-enrollment is due to a qualified family status change and consistent with the status change as defined under IRC Section Code 125. Benefit election changes are consistent with family status changes only if the election changes are necessary or appropriate as a result of the family status change.

If you have a family status change any time during the year, you can change the level of your coverage (for example, from "Employee Only" to "Employee and Family") if you do so within 31 days of the family status

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change event. If you acquire a new dependent, you must notify the benefits department within 31 days. You cannot switch from one plan to another. Special rules apply to life insurance and short term disability.

Family Status Changes Defined

It is the responsibility of the employee to submit the change request on an enrollment/change form within 31 calendar days of a family status change. Retroactive changes may not be allowed unless otherwise required by law.

Examples of Qualified Family Status Changes as permitted by IRC Section Code 125

- **Add a Dependent**
 - Marriage
 - Birth
 - Adoption of a child
 - Legal Guardianship of a child
 - Qualified Medical Child Support Order
- **Lose a Dependent**
 - Divorce
 - Legal Separation
 - Death
 - Dependent Child reaches limiting age of contract
- **Change of Spouse's Employment**
- **Switching** from part time to full time employment (or vice-versa) of the employee or the employee's spouse which affects the availability of benefits.
- **Open Enrollment**
- **An unpaid leave** of absence by either the employee or the employee's spouse.
- **A significant change** in health coverage of the employee or the employee's spouse attributable to the spouse's employment.

It is the responsibility of the employee to provide a family status change request to Employee Benefits within 31 days of the change event.

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Healthcare Plan Choices

HealthSelect

HealthSelect offers several new benefits and wellness incentives effective January 1 2001, including:

- HealthSelect's hospital facility network has grown to 10 contracted hospitals including 2 new facilities:
 - Scottsdale Healthcare Shea, and
 - Scottsdale Healthcare Osborn.
- Discounted Lasik eye surgery, \$875 per eye through the HealthSelect Lasik provider
- Student health insurance allowance of \$125 per semester toward the premium paid for out-of-area student health insurance purchased through the student's institute of higher learning or elsewhere
- Wellness incentives for health and wellness-related activities, including:
 - \$75 incentive award for active use of health club (member must provide proof of eight workouts per month for a six month period to be eligible for the \$75 payment)
 - \$25 variety store gift certificate for completion of mammograms (women over age 40) pap smear tests (women age 18 and older) and physical exams for men (age 40 and over)
 - \$25 variety store gift certificate for up-to-date childhood immunizations for children age 0-5
 - \$25 variety store gift certificate for successful completion of a smoking cessation class offered through a non-profit agency

Chiropractic visits are increased to seven visits plus an initial assessment per year

Alternative medicine visits are increased six visits per year plus an initial assessment.

Prescription drug co-pays are reduced to \$2 for generic and \$5 for brand name if filled at the Family Health Center and Comprehensive Health Center pharmacy locations. Members may use the contracted network of retail pharmacies for a \$4 co-pay for generic prescriptions and \$10 for brand name prescriptions.

Home delivery of maintenance medications can now be arranged through the Family Health Center and Comprehensive Health Center pharmacies. With this new service, members may have a three-month supply of maintenance medication delivered to their home (within Maricopa County) for \$4 for generic medications and \$10 for brand name prescriptions.

The HealthSelect provider network also increased the number of primary care physicians and specialists for 2001 to over 200 primary care physicians in network

including providers affiliated with eleven family health centers located throughout Maricopa County.

As before, HealthSelect members may "self-refer" or visit any family practice, internal medicine, pediatric or OB/GYN physician within the HealthSelect network without a referral from their primary care provider or a prior authorization from the health plan.

There is no pre-existing condition limitation or deductible to meet. Members must receive all non-emergent care from HealthSelect network providers, including physicians, hospitals, pharmacies and/or ancillary providers. However, members are always covered for emergency care, anywhere in the world.

Vision Benefits For Healthselect Members

Vision benefits are available to HealthSelect members through the SightCare program which includes an increased benefit up to \$100 retail value for hardware received from Nationwide centers and a Lasik procedure benefit of \$995 per eye for most procedures.

HealthSelect members can also receive one pair of frames and lenses, or a supply of contacts up the \$100 retail value every twelve months. Please review the separate SightCare summary description and the separate section in this handbook for more information.

Additional benefits offered by HealthSelect include:

- Adult dental (limited)
- Pediatric dental services (up to age 19)
- \$500 hearing aid benefit

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under Internal Revenue Service Section Code 125 in order to change your medical, dental, or reimbursement accounts after January 1, 2001. Please review this brochure for further information on how to make changes to your insurance plans during the plan year.

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HealthSelect

Group # 0008

HealthSelect Benefits Effective 2001

- Two more hospitals added to network: Scottsdale HealthCare North and Osborn.
- Allowance of \$125 per semester towards the premium for student health insurance for out-of-area students.
- Wellness incentives for use of health clubs (\$75), up-to-date childhood immunizations (\$25), and wellness screening (\$25; mammograms, pap smears, male 40+ exams, and certificate of smoking cessation class.
- Lasik eye surgery available at a discount \$875/eye directly from HealthSelect providers or from SightCare Vision plan providers for \$995/eye.

Selected Comparison Between HealthSelect And CIGNA Plans

FEATURES	HEALTH SELECT		CIGNA HMO	PRIME OPTION	PRIME OPTION PLUS
PAYDAY RATES					
Employee Only	\$0.00		\$4.78	\$5.10	\$29.35
Emp & Children	\$12.48		\$23.79	\$24.34	\$64.33
Emp & Spouse	\$16.02		\$34.04	\$34.69	\$83.19
Emp & Family	\$37.57		\$53.06	\$53.93	\$118.18
<i>Doctor Visits</i>	\$5 PCP Selection Limited to HealthSelect providers		\$10 PCP Selection Limited to CIGNA Centers Doctors	\$15 Must Select PCP In-Network; Any Doctor Out of Network	\$5 Must Select PCP In-Network; Any Doctor Out of Network
Prescription Drug Co-pay	Health Select Select Drug List		CIGNA Medical Center Drug List	Open Drug list/Formulary	
	HS Family Health Centers (FHC)	\$2 Generic \$5 Brand	\$10 generic \$15 brand	\$10 generic \$15 brand	\$5
	Fry's or United Drugs	\$4 Generic \$10 Brand			
Urgent Care & After Hours	\$5		\$20		
Other HS Benefit Features			Benefit		
Annual Deductible			None		
Standard Co-Insurance percentage			100% covered after co-pay		
Lifetime Maximum Benefits			Unlimited		

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Mail-order Prescription Drugs (Available through CHC & FHC facilities only with home delivery)	\$4 Generic/\$10 Brand 90 day supply
Preventive care	Covered after \$5 co-pay
Injectible medications & Allergens	\$5(if on formulary)
In-Patient facility/Hospitalization Co-pay (Elective admissions must be pre-authorized)	No-co-pay
Emergency Room Subscriber co-pay (If meets emergency treatment criteria) (Other Facility)	\$50 then 100%
Specialists Services	Referral by Primary Care Physician Required
Out-patient Lab & X-Ray	Free, \$0 co-pay
Hearing Aids	Up to \$500
Physical, Speech and Occupational Therapies	\$5 co-pay; Limited to 60 visits per contract year per condition.
Chiropractic Therapy	\$10 co-pay; No Authorization required for initial assessment plus first seven visits. Must obtain authorization for additional visits beyond first seven.
Alternative Medicine visits increased	\$5 co-pay limited to 6 visits, self referred to designated network. \$60 annual supplies
Ambulance	100 % covered
Dependent Children	Covered to age 19. After that covered up to age 25 if full time student. Handicap children covered at any age.

CIGNA Behavioral Health (CBH) including Drug and Alcohol Care:	<u>In-Network</u>	<u>Out-of- Network</u>
Inpatient Care	\$25/day then 100%	Not Covered
Inpatient Detoxification	100%	Deductible then 70%
Out-Patient	\$10/visit (30 per year)	\$25 per visit w/ CBH approval
Out-Patient Group Therapy	\$5/per visit	\$25 per visit w/ CBH approval

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CIGNA HealthCare (POS)

Effective January 1, 2001, CIGNA offers three different plans with key benefit and costs differences based on the freedom, choice, and use of high cost health care delivery. Two of the three plans are Point of Service (POS) plans that offer benefits through both in and out-of-network providers. Out-of-network providers are reimbursed after applicable deductibles and are paid at 70% coinsurance. The table immediately following compares the plans on a basis of what makes them different and what are common provisions.

Use of in-network providers delivers the highest benefits at the lowest cost. Your PCP is the key to maximum benefits with low co-payments. With all CIGNA plans, you must identify a Primary Care Physician (PCP) when you enroll to get access to in-network benefit levels.

There are no deductibles and no claim forms to fill out. Each family member can choose his/her own PCP from the CIGNA HealthCare Center directory or the Private Practice directory. A PCP can be a General or Family Practice Physician, an Internist, or Pediatrician. You can now choose a PCP who operates out of a CIGNA Health Care Center but will treat you or a family member as an individual private practice provider. If you have the name of the provider you search for and contract with that provider under either the IPA (individual practice association) directory or the Staff/Health Center Directory. You may change your PCP at any time. To receive in-network coverage for a specialist, you must have a referral confirmed by your PCP.

Out-of-network coverage allows you to see any doctor of your choice. However, you will be responsible for submitting a claim and paying out-of-network deductibles and co-payments. You may also be required to pay any amount over the usual and customary fees as determined by CIGNA.

Preventive care is not covered out-of-network and claims cannot be used toward your deductible. For out-of-network coverage you will need to pay for service and then submit a claim for reimbursement of your medical expenses.

CIGNA offers an open formulary for prescription drugs under the POS plans. The CIGNA stand-alone HMO provides a closed formulary prescription drug benefit accessible through your PCP at the CIGNA Healthcare Centers.

CIGNA also provides an alternative medical benefit that includes chiropractic, acupuncture, and other alternative medical benefits provided by limited to 6 no-referral visits and \$60 per year for medicinal drugs and herbal applications.

Pre-Existing Limitation

A pre-existing condition is any illness or injury that is diagnosed or treated during a 90-day period immediately before your effective date of coverage under this plan. Under the Health Insurance Portability and Accountability Act (HIPAA), you will receive credit toward a pre-existing waiting period for any group health care coverage you

had. You must provide a certificate from your previous employer which documents there was no more than a 63-day period between termination of your prior health coverage and employment with the County.

Vision Benefits for CIGNA Members

Maricopa County automatically includes a basic vision benefit through SightCare for all CIGNA healthcare members. The program provides benefits through two networks of providers, a preferred exclusive network of nationwide providers and a second network of private office providers. Benefits are higher when members use the Nationwide providers for their exams and hardware. Please see the separate plan summary description for further details and the list of providers. This is available on the EBC Employee Benefits Intranet web site and from Employee Benefits directly.

The basic automatic SightCare benefit provides one pair of frames and lenses or contacts every two years. The voluntary Enhanced Plan offers hardware (glasses or contacts) once every calendar year. Employees who choose to upgrade their benefit to the enhanced level will pay the incremental cost above the base premium for which the County provides its standard percentage share.

Effective 2001, the hardware (frames & lenses or contacts) benefits have been raised to a retail value of \$100 from \$90 for equipment obtained through the Nationwide network of providers. Employees who use the private doctor network will receive up to a \$75 value under the private doctor's pricing.

Beginning in 2001, employees will also receive about a 40% discount off the retail price from Nationwide for LASIK surgery. Most Lasik procedures for each eye will cost \$995, (\$1890 for both eyes) including enhancements for one year following the procedure.

The Preceding Information Highlights the Healthcare and Vision Plan Benefits *Specific benefits and exclusions are contained in the Group Service Agreements or plan documents you have been sent previously or can request. The policy or plan document will always rule as the ultimate source and authority over the plan benefits.*

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under Internal Revenue Service Section Code 125 in order to change your medical, dental, or reimbursement accounts after January 1, 2001. Please review this brochure for further information on how to make changes to your insurance plans during the plan year.

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CIGNA PLAN DISTINCTIONS

Features below differentiate the 3 CIGNA Plans and their costs for 2001

Benefit Provisions	Prime Option <i>Plus</i> (POS) (Group # 569)		HMO Staff Model (Group # 5355)		Prime Option (POS) (Group # P636)	
	In-network	Out-of network	Closed Panel CIGNA Health Centers Network		In-network	Out-of network
Doctor's visits	\$5	70% after deductible	\$10		\$15	70% after deductible
Network and Provider Access	Private Practice (IPA) or CIGNA Center Doctors	Any Doctor taking private patients	CIGNA Center Doctors <u>Only</u>		Private Practice (IPA) or CIGNA Center Doctors	Any Doctor taking private patients
Prescription drug co-pays (network pharmacies)	\$5		\$10 Generic \$15 Brand (CIGNA list only)		\$10 Generic \$15 Brand	
Formulary (list of covered drugs)	open		Closed (limited list)		Open	
Mail-order Prescription Drugs (Tel-Drugs)	\$10 / 90-day supply		\$20 generic/\$30 brand for 90-day supply		\$20 generic/\$30 brand for 90-day supply	
In-patient Hospitalization Co-pay (Elective admissions must be pre-authorized)	None	70% after deductible	None		\$250 reimbursed by Maricopa County.	70% after deductible
Out of Network Annual Deductible	None	\$300 / individual \$900 per family	None		None	\$500 / individual \$1,500 per family
Payroll Premiums with Basic vision Single Emp & Children Emp & Spouse Family	Full time	Part-time	Full time	Part-time	Full time	Part-time
	\$29.35	\$63.28	\$4.78	\$38.71	\$5.10	\$39.03
	\$64.33	\$114.74	\$23.79	\$74.20	\$24.34	\$74.75
	\$83.19	\$142.47	\$34.04	\$93.32	\$34.69	\$93.97
	\$118.18	\$193.95	\$53.06	\$128.83	\$53.93	\$129.70
Payroll Premiums with Enhanced vision Single Emp & Children Emp & Spouse Family						
	\$30.34	\$64.42	\$5.76	\$39.85	\$6.09	\$40.17
	\$65.75	\$116.35	\$25.20	\$75.81	\$25.75	\$76.36
	\$84.92	\$144.43	\$35.77	\$95.28	\$36.42	\$95.93
	\$120.89	\$197.00	\$55.78	\$131.88	\$56.64	\$132.75

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COMMON CIGNA HMO & IN-NETWORK POS BENEFITS

Benefit Provisions	CIGNA HMO	POS (Point of Service) Plans	
		In-Network	Out-of-Network
Must select a Primary Care Physician	Yes		No
Specialists services	Referred by Primary Care Physician Required		Direct Access to all providers no referral required
Out-Patient Lab & X-Ray	Free		70% after deductible subject to day and dollar plan limits
CIGNA Urgent Care	\$20		
Injectible Medications & Allergens	Covered less co-pay		
Physical, Speech , Occupational & Chiropractic Therapy	Covered less co-pay		
Emergency Room Subscriber co-pay (if it meets emergency treatment criteria) (Facility other than CIGNA)	\$50 (waived if admitted)		
Alternative Medicine	6 visits, self-referred to designated network. \$60 supplies per year with out-patient co-pay		
Benefit limit per contract year for Physical, Speech, Occupational and Chiropractic therapy	60 visits within 60 days per condition.		
Co-insurance (out of network care)	No Co-insurance 100% Benefits after co-pays		70% after deductible (charges over and above CIGNA's Usual and Reasonable Charges not covered)
Out of pocket maximum before 100% coverage	Unlimited Lifetime Benefits Maximum		\$6,000 then 100% rest of year (30% co-pay plus deductible) (excludes charges above R&C)

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Ambulance	100 %	
Hearing Aids	100% Standard Model	Not Covered
Preventive	Covered less co-pay	Not covered
Dependent Children	Covered to age 19 or up to age 25 if full time student. Handicapped children covered at any age if recorded before age 19 cut-off	

CIGNA Behavioral Health (CBH) including Drug and Alcohol Care:	<u>In-Network</u>	<u>Out-of- Network</u>
Inpatient Care	\$25/day then 100%	Not Covered
Inpatient Detoxification	100%	Deductible then 70%
Out-Patient	\$10/visit (30 per year)	\$25 per visit w/ CBH approval
Out-Patient Group Therapy	\$5/per visit	\$25 per visit w/ CBH approval

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Mental Health And Substance Abuse Benefits

When you enroll in a County medical plan, CIGNA Behavioral Healthcare (previously called MCC) will automatically cover you for managed mental health and substance abuse (MHSA) benefits. This is a healthcare program provided for all employees regardless of the medical plan in which you are enrolled. Likewise, your eligible dependents enrolled in County medical plan will be covered for MHSA benefits. There is no additional cost for you or your covered dependents to participate in the program.

If you waive your medical coverage, you are not covered for MHSA.

There is a pre-existing condition limitation. If you or a covered dependent has been treated for a behavioral health condition in the three months prior to coverage, no behavioral health benefits will be payable until the member is treatment free for three months or simply covered for 12 months. If you can provide proof of continued coverage under a prior health plan, you can reduce the waiting period for each month of continuous prior coverage according to relevant HIPAA regulations. Treatment is considered diagnostic services, consultation, or prescription drugs.

For exceptions to this, please see HIPAA regulation.

There are three ways to access MHSA:

- Help Line 24 hours a day
- Maricopa County Employee Assistance Program
- Sheriff's Office Psychological Services (Sheriff's Office Employees)

Through these services you can receive confidential counseling whenever you or a covered dependent is faced with a personal challenge. Provided below is a summary of the benefits. It is IMPORTANT you understand that benefits are payable only if each service is approved before you start treatment by CIGNA Behavioral Healthcare (previously call MCC) and determined as medically necessary. Please contact CIGNA Behavioral Healthcare at 1-800-343-2183 for certification.

CIGNA Behavioral Health (CBH) including Drug and Alcohol Care (formerly called MCC):	<u>In-Network</u>	<u>Out-of- Network</u>
Inpatient Care	\$25/day then 100%	Not Covered
Inpatient Detoxification	100%	Deductible then 70%
Out-Patient Individual session (pre-approved by CIGNA; combined individual and group visit limitation; 30 sessions/year)	\$10/visit (30 per year)	\$25 per visit
Intermediate Care (Intensive out-patient care)	\$12.50 co-pay per day	Not covered
Out-Patient Group Therapy (pre-approved by CIGNA)	\$5/per visit	\$25 per visit
Prescription Drugs	Covered by medical plan employee selects	Covered by medical plan employee selects
Pre-Existing Conditions Limitation	3 months treatment-free or 12 months of County medical plan coverage	3 months treatment-free or 12 months of County medical plan coverage

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Protective Dental (Group # 385A)

Protective Dental Care (previously called United Dental) offers a Dental Maintenance Organization to provide dental benefits to County participants through a closed panel of general and specialist dentists. The plan is labeled 385A and provides services for different co-payment amounts according to the following schedule. Oral exams are free, cleanings are provided for a \$7 co-pay twice annually. We have enhanced our Benefit Schedule by adding services for cosmetic bleaching, veneers, I.V. sedation, and general anesthesia. Major services provided through specialists must be referred by your primary care dentist and is provided at a fixed co-payment.

Each family member has the ability to select their own Family Dentist from the United Dental Care Directory of Dentists. Provider directories are available from Employee Benefits or online during the Open Enrollment period each year.

Concordia Dental (Group # 815151-000)

Dental offers you freedom of choice in providers. As a PPO contract you are provided coverage for both participating and non-participating dentists. If your dentist participates, he or she will submit your claim and receive direct payment from the plan. You only pay your co-payment and/or deductible. If you use a non-participating dentist, you can assign payments to that dentist by signing the claim appropriately. If you do this, your dentist will likely submit for you since they will be paid directly by Concordia Dental when you sign over the payments.

Participating providers have agreed to discount of their fees for the benefit of accessing our employees as patients. Alternatively, Concordia will recognize the fee level that represents what a significant majority of dentist in the area charge for what non-participating dentists charges. In some instances, non-participating dentists may expect the participant to pay the difference above the fee by the plan covers.

CONCORDIA & PROTECTIVE DENTAL COMPARED

FEATURES	CONCORDIA	PROTECTIVE
Annual Maximum (Increased for 2001 plan year) per person	\$2,000	No Maximum
Orthodontic Service (Increased for 2001 plan year)	50% up to \$1,500 lifetime benefit (separate from calendar year Maximum)	Under Age 19 Maximum \$1,000 to \$2,380 co-pay
		19 & over \$1,150 to \$2,580 co-pay
Provider Network Access	In-Network, participating and Out-of-Network, non-participating providers both available	Only Protective Dentists Available
Deductible	\$50 per person/\$100 per family (waived for preventive care)	No deductible

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Preventive Services	<p>100% coverage for Preventive & Palliative</p> <ul style="list-style-type: none"> • 2 cleanings per year • Office visit • Oral Exams • X-rays (2 films) • Sealants (to age 15) • Palliative treatment • Fluoride (to age 19) 	<p>Preventive Only</p> <ul style="list-style-type: none"> • 2 cleanings per year:\$7.00 Adult/\$6.00 Child • Office visit \$5 co-pay • Oral Exams No co-pay • X-rays (2 films) No co-pay • Fluoride (under 19) No co-pay • Pain/emergencies: normal co-pay or \$40 after hours co-pay plus additional \$25 admin. charge if out of area
Basic Restoration	<p>Basic Services 80% coverage</p> <ul style="list-style-type: none"> • Fillings • Oral Surgery • Endodontics • Periodontics • Repairs • Simple extractions • Complex Oral Surgery • General Anesthesia 	<p>Basic Services</p> <ul style="list-style-type: none"> • Fillings \$14 co-pay • Oral Surgery \$9 co-pay for simple routine extraction • Endodontics: root canal – anterior \$150 co-pay; root canal – bicuspid \$145 co-pay • Periodontics: \$30 co-pay debridement \$45 co-pay perioscaling, and root planing, per quadrant • Sealants for children \$5 co-pay per tooth
Major Services	<p>Major Restorative 50% coverage</p> <ul style="list-style-type: none"> • Inlays, Onlays, Crowns • Complete dentures • Partial dentures 	<p>Major Restorative</p> <ul style="list-style-type: none"> • Porcelain w/Metal Crown \$235 co-pay • Complete dentures \$325 co-pay • Partial dentures \$375 co-pay

2001 Maricopa County Benefits Highlights

Life Insurance Benefits

Life insurance protection is a critical part of the Maricopa County Employee Benefits package for you and your family. You can secure your family's future with a meaningful percentage of your income if you take advantage of the supplemental life insurance available beyond the basic life insurance provided by Maricopa County. And, effective January 1, 2001 Maricopa County will add Accidental Death and Dismemberment (AD&D) coverage to the basic life insurance it provides every benefits eligible employee. Under the Supplemental Life Insurance program, you have the option to purchase from one to four times your annual salary including AD&D coverage. There are also two levels of dependent life coverage you can buy.

Basic Life with Accidental Death & Dismemberment (AD&D) Group # GL 28284-7

The County provides you with basic life insurance equal to one multiple of your Salary (annual salary excludes overtime, bonus, or commissions) rounded **to the next highest \$1000 and paid by Maricopa County**. Effective January 1, 2001, Maricopa County will provide

basic life insurance coverage all benefit eligible employees to the full amount of their annual salary (previously limited to \$40,000) for up to \$500,000. (Call benefits if you make more than \$500,000 per year)

Supplemental Life with AD&D (Accidental Death & Dismemberment) Group # GL 36121-6

If you want additional protection, you can purchase supplemental term life including AD&D insurance. You can elect coverage in amounts of 1, 2, 3, or 4 times your annual salary. If you elect more than \$300,000, you will have to provide evidence of good health. The maximum coverage you can have is \$500,000, not including your basic coverage.

Basic life and supplemental life is paid for any cause of death. The basic and supplemental term life benefits also include Accidental Death and Dismemberment (AD&D) benefits. This benefit doubles the face value of your basic and Supplemental Term Life benefits in the event of death caused by an accident. Effective January 1, 2001, the AD&D included in both your basic County provided life and the supplemental, portable term life includes the following additional benefits:

Safe Driver (seat belts)

- 10% to \$25K for seat belts;
- 15% to \$40K for belt and airbag

Child Care

- 3% to \$2K/yr. to 6 years for under 13 in day care

Dependent Education

- 5% to \$3,000 each year to 4 years each child post secondary school

Occupational Assault

- 100% to \$10K

Common Carrier Travel

- 50% or 100% to \$50K

Repatriate Remains

- 2% to \$2000 beyond 75 miles

Coma

- 2% to \$24,000

2001 Maricopa County Benefit Plan Highlights

Please refer to your life insurance certificate for more information about benefits, sight, or paralysis.

If you want to increase your supplemental life/AD&D coverage more than ONE level during open enrollment, you must complete and provide evidence of good health questionnaire. This form is available electronically.

If you don't enroll in supplemental life/AD&D when you are first hired, you can only do so by up to 4 times your salary within 31 days of:

- The date you acquire your first dependent, whether spouse or child,
- The date you receive approval based on your evidence of good health, , or
- Any documented IRC section 125 life event.

Terminal Illness Benefit

If you are diagnosed with a terminal illness, you may request 50% of your supplemental life insurance benefit or \$50,000, whichever is less.

Special Rates for Non-Smokers

As part of the County's commitment to good health, a reward is offered for leading a healthier lifestyle. If you are a non-smoker, your life insurance premiums are lower than smokers'.

Dependent Life

In addition to life insurance for yourself, you can choose 2 levels of life insurance for your eligible dependents.

Note: If your spouse is an employee of Maricopa County, only one of you may elect dependent life.

You can choose the following amounts under options:

	<u>A</u>	<u>B</u>
Spouse*	\$5,000	\$10,000
Children	\$2,500	\$5,000

(age 14 days to 19 years or to age 25 if a full time student)

*Spouse coverage cannot exceed employee's coverage amount.

When you or your spouse reaches age 70, life insurance will be reduced to 45% of the original amounts; at age 75 life insurance will be reduced to 30% of the original amounts and at age 79 coverage is reduced to 20% of the original amounts.

Basic and Supplemental Life Conversion

You can convert your basic life to a whole life policy upon termination if you notify the insurance carrier within 31 days of your termination. Your forms must be sent to the life insurance company within thirty days of your termination from the group contract.

The supplemental life insurance is portable so you can keep this coverage and pay the amount you were paying via payroll deductions plus an administrative fee. You must forward your request to continue your coverage to the carrier within thirty-one days of the time you lose your benefit. Please contact Employee Benefits for additional information.

2001 Maricopa County Benefits Highlights

STD and Mariflex Reimbursement Accounts

Short Term Disability Benefits

The Short-Term Disability plan pays benefits if you are unable to work and lose income because of a covered illness or injury for which you are being treated. Here are the benefit highlights if you would like further details please review the Short-Term Disability Summary Plan Description (SPD).

You can choose one of the following benefit levels, subject to a \$2,000 maximum biweekly benefit.

- 40% of weekly salary*
- 50% of weekly salary
- 60% of weekly salary
- 70% of weekly salary

*Closed to new employees effective 1/1/2000.

There is a 21 day benefit waiting period from onset of disability to when your benefit becomes payable. Benefits are paid biweekly for up to a maximum of six months (including your waiting period), or until your disability ends, whichever comes first.

Your benefit will be reduced by any income that you receive, including but not limited to:

- County-provided PTO/FML (sick pay for courts)*
- County paid donated leave
- Workers' Compensation, income protection
- All retirement or disability benefits from any State or Government plan
- All Veteran's disability pension benefits if received for the same disability

*Complete use of your PTO/FMLA leave accruals during a disability period may be waived if requested and approved by the Human Resources Director

If you have another disability in less than two weeks after you've been back to work, it will be considered the same disability, unless it is unrelated to the previous one. No new disability period will begin until you have been back to work for at least one full pay period.

Pre-existing Condition Limitation for STD

If you have a disability for which you received treatment (including diagnostic services and prescription drugs) within 90 days before your coverage became effective, no benefits will be payable for that condition until you have been treatment-free for three months or covered by the plan for twelve months.

Mariflex Reimbursement Accounts

Reimbursement Spending Accounts allow you to pay for eligible health care and dependent/elder care expenses and save money on taxes at the same time. Once a year you decide how much you want to put into your account(s). That amount is taken from your pay and deposited into your account(s) in equal installments. Then, when you have eligible expenses, you file for reimbursement from your account(s). Original receipts must accompany each reimbursement claim form.

You make deposits to your account(s) with pre-tax dollars. This means your deposits come out of your pay before income taxes and Social Security taxes are deducted. This reduces the income that you have to pay taxes on.

Maricopa County has two reimbursement accounts, a Health care Account and a Dependent/Elder care (day care) Account.

Through the health care account you can pay for expenses that you or any IRS eligible dependent incurs (subject to approval by the Internal Revenue Service) that aren't covered in your medical & dental plans. You can also pay for deductibles and co-pays from your health care account. Through the dependent/elder care account you can pay for expenses related to the care of your dependent so you can work, such as day care.

Be sure to estimate only enough money for your needs. All eligible expenses must be incurred by the end of the plan year. You will have until March 31st of the following year to file your claim. You will forfeit any left over money in your account. Our reimbursement account program is called "Mariflex". If you are interested and would like more information, email Employee Benefits.

2001 Maricopa County Benefit Plan Highlights

Insurance Rates

Important Reminder: Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per Calendar Year. Premiums listed reflect the biweekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding. The following medical insurance plan costs include the cost of the Managed Mental Health and Substance Abuse Benefits through CIGNA Behavioral Healthcare.

Medical Insurance Plan Costs

<u>75% to 100% Full Time Hours</u>	<u>50% to 74% Full Time Hours</u>
<u>County Contribution / Employee Cost</u>	<u>County Contribution / Employee Cost</u>

HealthSelect

with Enhanced SightCare

Employee Only	\$ 96.94	\$ 0.00	\$ 96.94	\$ 0.00
Employee plus Spouse	\$169.38	\$16.02	\$169.38	\$16.02
Employee plus Child(ren)	\$144.03	\$12.48	\$144.03	\$12.48
Employee plus family	\$216.48	\$37.57	\$216.48	\$37.57

CIGNA Prime Option Plus With Basic SightCare

Employee Only	\$ 96.94	\$ 29.35	\$ 63.01	\$ 63.28
Employee plus Spouse	\$169.38	\$ 83.19	\$110.10	\$142.47
Employee plus Child(ren)	\$144.03	\$ 64.33	\$ 93.62	\$114.74
Employee plus family	\$216.48	\$118.18	\$140.71	\$193.95

CIGNA Prime Option Plus With Enhanced SightCare

Employee Only	\$ 97.38	\$ 30.34	\$ 63.29	\$ 64.42
Employee plus Spouse	\$170.04	\$ 84.92	\$110.53	\$144.43
Employee plus Child(ren)	\$144.59	\$ 65.75	\$ 93.98	\$116.35
Employee plus family	\$217.43	\$120.89	\$141.33	\$197.00

CIGNA Prime Option With Basic SightCare

Employee Only	\$ 96.94	\$ 5.10	\$ 63.01	\$ 39.03
Employee plus Spouse	\$169.38	\$ 34.69	\$110.10	\$ 93.97
Employee plus Child(ren)	\$144.03	\$ 24.34	\$ 93.62	\$ 74.75
Employee plus family	\$216.48	\$ 53.93	\$140.71	\$129.70

CIGNA Prime Option With Enhanced SightCare

Employee Only	\$ 97.38	\$ 6.09	\$ 63.29	\$ 40.17
Employee plus Spouse	\$170.04	\$ 36.42	\$110.53	\$ 95.93
Employee plus Child(ren)	\$144.59	\$ 25.75	\$ 93.98	\$ 76.36
Employee plus family	\$217.43	\$ 56.64	\$141.33	\$132.75

CIGNA HMO With Basic SightCare

Employee Only	\$ 96.94	\$ 4.78	\$ 63.01	\$ 38.71
Employee plus Spouse	\$169.38	\$ 34.04	\$110.10	\$ 93.32
Employee plus Child(ren)	\$144.03	\$ 23.79	\$ 93.62	\$ 74.20
Employee plus family	\$216.48	\$ 53.06	\$140.71	\$128.83

CIGNA HMO With Enhanced SightCare

Employee Only	\$ 97.38	\$ 5.76	\$ 63.29	\$ 39.85
Employee plus Spouse	\$170.04	\$ 35.77	\$110.53	\$ 95.28
Employee plus Child(ren)	\$144.59	\$ 25.20	\$ 93.98	\$ 75.81
Employee plus family	\$217.43	\$ 55.78	\$141.33	\$131.88

2001 Maricopa County Benefits Highlights

Dental Insurance Benefits Costs

	Biweekly County Contribution	Biweekly Employee Cost
Protective Dental		
Employee Only	\$ 1.86	\$ 1.86
Employee plus Spouse	\$ 4.11	\$ 4.11
Employee plus Child(ren)	\$ 4.23	\$ 4.23
Employee plus family	\$ 5.52	\$ 5.52
Concordia Dental		
Employee Only	\$ 5.62	\$ 5.62
Employee plus Spouse	\$12.38	\$12.38
Employee plus Child(ren)	\$13.38	\$13.38
Employee plus family	\$17.21	\$17.21

You must have a “Qualified Family Status Change” as defined by the Internal Revenue Service under the Section 125 Code in order to change your medical, dental or reimbursement accounts after January 1, 2001. Please see other sections in this Brochure for further information on how to make changes to your insurance plans during the course of the plan year.

Short Term Disability Plan Costs

Paid 100% by Employee

Multiply Your Biweekly Base Pay By The Following Rate:

Biweekly Rate Multiple of Pay

• 40% of Biweekly Base Salary (\$2,000 maximum benefit)*	0.0040*
• 50% of Biweekly Base Salary (\$2,000 maximum benefit)	0.0050
• 60% of Biweekly Base Salary (\$2,000 maximum benefit)	0.0060
• 70% of Biweekly Base Salary (\$2,000 maximum benefit)	0.0070

*Closed to new employees effective 1/1/2000.

2001 Maricopa County Benefits Highlights

Basic Life Insurance Costs

Basic Life with Enhanced Accidental Death & Dismemberment (AD&D)

1 Times Salary; Paid by Maricopa County

Supplemental Life Insurance with Enhanced Accidental Death & Dismemberment (AD&D)

1 To 4 Times Salary; Paid By Employee.

5 Year Age Categories	2001 Biweekly per \$1,000 of Coverage	2001 Biweekly per \$1,000 of Coverage
	Smoker	Non-Smoker
Under age 25	\$0.046154	\$0.032308
25-29	\$0.050769	\$0.036923
30-34	\$0.055385	\$0.046154
35-39	\$0.092308	\$0.050769
40-44	\$0.129231	\$0.064615
45-49	\$0.249231	\$0.110769
50-54	\$0.443077	\$0.198462
55-59	\$0.461538	\$0.253846
60-64	\$0.706154	\$0.424615
65-69	\$0.863077	\$0.600000
70 and Older	\$1.416923	\$1.116923

Dependent Life Insurance Costs

Paid by Employee

	<u>Option One</u>	<u>Option Two</u>
Spouse	\$5,000	\$10,000
And		
Children (age 14 days to 19 years 25 years if full time student)	\$2,500	\$ 5,000
Biweekly employee cost:	\$0.54	\$1.09

2001 Maricopa County Benefit Plan Highlights

Maricopa County Employee Benefits
Maricopa County Administration Building
301 West Jefferson Street, Suite 201
Phoenix, Arizona 85003-2145

Important Phone Numbers

Customer Service Email Address:
BenefitsService@mail.maricopa.gov
<http://ebc.maricopa.gov/benefits/>
<http://www.maricopa.gov/benefits/>

Voice, Voice Messaging, Fax-Back

602-506-1010

Employee Benefits Fax

602-506-2354

Payroll

602-506-3519

Medical Plans

CIGNA HealthCare
<http://www.cigna.com/healthcare>

800-832-3211

Emergency/Urgent Care (24 hours a day)

602-271-3000

Tel-Drug

800-835-3784

HealthSelect

Maricopa County Integrated Health System

602-344-8760

Outside Phoenix

800-582-8686

CIGNA Behavioral Healthcare (MCC)

Help Line (24 hours a day)

800-343-2183

SightCare Vision Plan

480-961-1702

Dental Plans

Protective Dental
<http://www.uniteddental.com/default.asp>

800-456-2345

United Concordia Dental
<http://www.ucci.com> (general site)

800-332-0366

United Concordia Dental Provider Directory

http://www.ucci.com:8000/ucci/plsql/ucci_prvdr_search.selector?p_network=016

Mariflex Claim Administration

800-659-3035

Life Insurance Plan

ReliaStar
Life Insurance Claims
Conversion and Portability

602-956-3993

800-328-4090

800-955-7736

Short Term Disability Plan

UNUM

800-345-6495 X4288

COBRA Administrator, Administrative Enterprises, Inc.

602-789-1170

Employee Assistance Program

Inside Maricopa County
Outside Maricopa County

602-264-4600 Press 2

800-327-3517 Press 2

Retirement Programs

Arizona State Retirement System
Public Safety Personnel Retirement System

602-240-2000

602-255-5575

Nationwide Retirement Solutions (NRS)

602-266-2733

2001 Maricopa County Benefits Highlights

PAYROLL Schedule 2001

Pay Period	Mariflex	Beginning	Ending	Paydays
26	1	December 11, 2000	December 24, 2000	December 29 2000
1	26	December 25, 2000	January 7, 2001	January 12, 2001
2	25	January 08, 2001	January 21, 2001	January 26, 2001
3	24	January 22.,2001	February 4,2001	February 09, 2001
4	23	February 05, 2001	February 18, 2001	February 23, 2001
5	22	February 19, 2001	March 4, 2001	March 09, 2001
6	21	March 05, 2001	March 18, 2001	March 23, 2001
7	20	March 19, 2001	April 1, 2001	April 06, 2001
8	19	April 02, 2001	April 15, 2001	April 20, 2001
9	18	April 16, 2001	April 29, 2001	May 04, 2001
10	17	April 30, 2001	May 13, 2001	May 18, 2001
11	16	May 14, 2001	May 27, 2001	June 01, 2001
12	15	May 28, 2001	June 10, 2001	June 15, 2001
13	14	June 11, 2001	June 24, 2001	June 29, 2001
14	13	June 25, 2001	July 8, 2001	July 13, 2001
15	12	July 09, 2001	July 22, 2001	July 27, 2001
16	11	July 23, 2001	August 05, 2001	August 10, 2001
17	10	August 06, 2001	August 19, 2001	August 24, 2001
18	09	August 20, 2001	September 02, 2001	September 07, 2001
19	08	September 03, 2001	September 16, 2001	September 21, 2001
20	07	September 17, 2001	September 30., 2001	October 05, 2001
21	06	October 01, 2001	October 14, 2001	October 19, 2001
22	05	October 15, 2001	October 28, 2001	November 02, 2001
23	04	October 29, 2001	November 11, 2001	November 16, 2001
24	03	November 12, 2001	November 25, 2001	November 30, 2001
25	02	November 26, 2001	December 09, 2001	December 14, 2001
26	01	December 10, 2001	December 23, 2001	December 28, 2001